STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Environmental Services – Water & Waste Permits Division
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-3050

PERMIT APPLICATION

FOR

THE USE OR DISPOSAL OF SEWAGE SLUDGE (BIOSOLIDS)

IN

LOUISIANA

Form_7155_r01
08/14/2006

Date		**Select One**:	☐ **Initial Permit**
Agency Interest Number:	**AI**		☐ **Permit Renewal**
			☐ **Existing Facility**

a. Facility Name: _____

Mailing Address:

P.O. Box Number or Street Address: _____

City: _____

State: _____

Zip Code: _____

Parish Name: _____

Physical Address: _____

_____

_____

b. Applicant Name: _____

Job or Position Title: _____

Mailing Address:

P.O. Box Number or Street Name: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

Is the applicant the owner or operator (or both) of this facility?

Check One: ☐ Owner ☐ Operator ☐ Both

Should correspondence regarding this permit be directed to the facility or the applicant?

Check One: ☐ Facility ☐ Applicant

c. Contact Person: _____ Job or Position Title: _____

Mailing Address:

P.O. Box Number or Street Name: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

d. Facility Category (Select all that applies then "**GO TO**" the designated Facility Category below the Selected Box to continue filling out the application.):

☐ Publicly Owned Treatment Works

Go To the SPECIFIC FACILITY INFO Section to continue the application process.

☐ Privately Owned Sanitary Wastewater Treatment Facility
(Includes Private and Commercial Businesses and Industrial or Petro-Chemical Facilities that treat their sanitary wastewater separate from any process wastewater.)

Go To the SPECIFIC FACILITY INFO Section to continue the application process.

☐ Commercial Preparer of Sewage Sludge (Includes a solidification/dewatering facility)

Go To the SPECIFIC FACILITY INFO Section to continue the application process.

☐ Commercial or Private Land Applier of Treated Sewage Sludge (Biosolids)

Go To the LAND APPLICATION Section to continue the application process.

☐ Owner/Operator of a Sewage Sludge Incinerator

Go To the SITING AND OPERATION Section to continue the application process.

END "GENERAL INFORMATION" SECTION

Provide the following information for each Facility where sewage sludge is generated. Make extra copies of the "SPECIFIC_FORM_INFO" pages to address each facility that will generate and/or treat sewage sludge that is addressed in this permit application.

"STOP" Is the sewage sludge generated at this facility sold or given away to a person or a facility that is not owned or operated by the applicant?

☐ Yes → **Go To the SOLD TO OR GIVEN AWAY Section to continue the application process**.

☐ No → Complete the following:

a. Type of sewage sludge that will be handled at this facility (Select all that applies):

☐ Sludge from **POTW** or **POSWTF** ☐ Domestic Septage
☐ Portable Toilet Waste

b. Is ***Grease Trap Waste*** handled and mixed with sewage sludge at this facility? ☐ **Yes** ☐ **No**

"STOP" If ***Grease Trap Waste*** is handled and mixed with sewage sludge at this facility, **STOP** filling out this section and **Go To the GREASE TRAP WASTE Section to continue the application process**.

If ***Grease Trap Waste*** is not handled and mixed with sewage sludge at this facility, go on to "**c.**" **to continue the application process**.

c. _____ Tons/Yr of sewage sludge that is generated at your facility on a Dry Weight Basis

d. _____Tons/Yr of sewage sludge that is received from off-site on a Dry Weight Basis

e. Is the sewage sludge that is received from off-site totally generated at a facility that is owned/operated by the applicant?

☐ **Yes**
☐ **No** → Provide responses to the following:

1. Name, address, owner/operator name, contact phone number, and the Tons/Yr received for each off-site location as **APPENDIX SPECIFIC FACILITY INFO – OFFSITE**.

2. Will the blending, composting, mixing, preparing, or treatment of sewage sludge received from an off-site facility that is not owned/operated by the applicant be performed for monetary profit or other financial consideration?

☐ **Yes** → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX SPECIFIC FACILITY INFO – FINANCIAL ASSURANCE**.

☐ **No**

f. Provide as **APPENDIX SPECIFIC FACILITY INFO – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of each of the types of sewage sludge that was selected in "**b.**", above, prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

g. Provide as **APPENDIX SPECIFIC FACILITY INFO – PCB** results of a "PCB" laboratory analysis of each of the types of sewage sludge that was selected in "**a.**", above, prior to mixing with any other material.

h. Provide as **APPENDIX SPECIFIC FACILITY INFO – POLLUTANTS** results of a laboratory analysis and the additional information requested for the pollutants listed in the Table that follows for each of the types of sewage sludge that was selected in "**a.**", above, prior to mixing with any other material:

INDICATE THE TYPE OF SEWAGE SLUDGE			
POLLUTANT	**CONCENTRATION (mg/kg dry weight)**	**ANALYTICAL METHOD**	**DETECTION LEVEL FOR ANALYSIS**
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

i. If any of the analysis reported in **f., g., and h.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX SPECIFIC FACILITY INFO – LAB**.

j. **Enter the Tons/year of sewage sludge that is treated at your facility (Dry Weight Basis)** Tons/Yr

k. Indicate the sewage sludge level of treatment that will be attained at this facility (Select either "Exceptional Quality" or "Non-exceptional Quality". Do not select both.):

☐ Exceptional Quality

☐ Non-exceptional Quality

l. Select from the following choices, the treatment level for **Pollutants** (Select only one):

☐ Tables 1 & 2 of LAC 33:IX.6903.D

☐ Tables 1 & 3 of LAC 33:IX.6903.D

☐ Tables 1 & 4 of LAC 33:IX.6903.D

m. Select from the following choices, the treatment level for **Vector Attraction Reduction** (Select only one):

☐ Thirty-eight percent (38%) reduction in the mass of volatile solids in the sewage sludge

☐ Specific Oxygen Uptake Rate of the sewage sludge will be less than or equal to 1.5 milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20° C.

☐ Treatment of the sewage sludge in an aerobic process for 14 days or longer where the temperature of the sewage sludge will be higher than 40° C at all times and the overall average temperature of the sewage sludge will be higher than 45° C.

☐ The pH of the sewage sludge shall be raised to 12 or higher by a one-time alkali addition and will remain at 12 or higher for an additional two hours without further alkali addition. The pH of the sewage sludge shall remain at 11.5 or higher for an additional 22 hours.

☐ The percent solids content of sewage sludge will be equal to or greater than seventy-five percent (75%) prior to mixing with other materials for sewage sludge that does not contain unstabilized solids generated in a primary wastewater treatment process.

☐ The percent solids content of sewage sludge will be equal to or greater than ninety percent (90%) prior to mixing with other materials for sewage sludge that contains unstabilized solids generated in a primary wastewater treatment process.

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **injected** below the surface of the land within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **incorporated** into the soil within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge will be **injected** below the surface of the land and no significant amount of the sewage sludge shall be present on the land surface within one hour after the sewage sludge is injected.

☐ Sewage sludge will be **incorporated** into the soil within six hours after application to the land.

n. Select from the following choices, the treatment level for **Pathogens** (Select only one):

☐ Exceptional Quality – Alternative 1 (See LAC 33:IX.6909.C.1.c) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 2 (See LAC 33:IX.6909.C.1.d) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 3 (See LAC 33:IX.6909.C.1.e) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 4 (See LAC 33:IX.6909.C.1.f) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 5 (See LAC 33:IX.6909.C.1.g) → Go to Item "**o.**"

☐ Exceptional Quality – Alternative 6 (See LAC 33:IX.6909.C.1.h) NOTE 1

☐ Class B – Alternative 1 (See LAC 33:IX.6909.C.2.b) → Go to Item "**o.**"

☐ Class B – Alternative 2 (See LAC 33:IX.6909.C.2.c) → Go to Item "**o.**"

☐ Class B – Alternative 3 (See LAC 33:IX.6909.C.2.d) NOTE 1

NOTE 1 If **Exceptional Quality - Alternative 6** or **Class B - Alternative 3** is selected:

(1) Provide a copy of the Environmental Protection Agency's Pathogen Equivalency Committee Approval as **APPENDIX SPECIFIC FACILITY INFO – EPA/PEC**

(2) Provide a detailed description of the treatment process as **APPENDIX SPECIFIC FACILITY INFO – EPA/PEC/BTP** (Include maps, diagrams and schematics that are necessary to fully describe the location and flow of the treatment process.)

(3) Skip to Item "**p.**" below to continue the application process.

o. Sewage Sludge Treatment Process (Check all that applies and respond to the questions and requirements for each Treatment Process that pertains to your facility):

☐ **Oxidation Pond/Aerated Lagoon/Constructed Wetland System**

Provide a detailed description of the treatment process as **APPENDIX SPECIFIC FACILITY INFO – OP/AL/CWLS** (Include maps, diagrams and schematics that are necessary to fully describe the location and flow of the treatment process.).

Indicate as to whether or not the Oxidation Pond, Aerated Lagoon, or constructed wetland system is adequately lined (natural soils or artificial liner) for ground water protection:

☐ **Yes** → Provide, as **APPENDIX SPECIFIC FACILITY INFO – GWP**, documentation by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) that indicates that the area where the pond or lagoon is located will adequately protect against potential ground water contamination either by natural soil or by a synthetic liner that has a hydraulic conductivity of $1x10^{-7}$ centimeters per second or less and adequately protect against the potential to contaminate an aquifer. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **No** → Provide as **APPENDIX SPECIFIC FACILITY INFO – GWP**, a detailed explanation, documented by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) as to how the ground water and aquifer will be adequately protected against potential contamination. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **Air Drying/Drying Beds**

Provide a detailed description of the drying bed(s) as **APPENDIX SPECIFIC FACILITY INFO – AD/DB** (Include maps, diagrams and schematics that are necessary to fully describe the location and handling of the air drying/drying beds operation. Include in the description time (in months), and the ambient average daily temperature for the months that the sewage sludge will undergo the air drying/drying bed process. Also include in the description a discussion as to how stormwater runoff and run-on will be prevented or controlled.).

☐ **Belt Press**

Provide a detailed description of the belt press operation as **APPENDIX SPECIFIC FACILITY INFO – BP** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location and handling of the belt press operation.).

☐ **Solidification & De-watering**

Provide a detailed description of the solidification & de-watering operation as **APPENDIX SPECIFIC FACILITY INFO – S&DW** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location, process flow, and handling of the solidification & de-watering process.).

☐ **Anaerobic Digestion**

Provide a detailed description of the anaerobic digestion process as **APPENDIX SPECIFIC FACILITY INFO – AND** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the anaerobic digestion process. Include adequate documentation to show that the appropriate anaerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Aerobic Digestion**

Provide a detailed description of the aerobic digestion process as **APPENDIX SPECIFIC FACILITY INFO – AED** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the aerobic digestion process. Include adequate documentation to show that the aerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Thermal Treatment**

Provide a detailed description of the thermal treatment operation as **APPENDIX SPECIFIC FACILITY INFO – TT** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the thermal treatment process. Include calculations to document an accurate determination of the "time & temperature" requirements and how all sewage sludge particles will meet the appropriate time and temperature requirements.).

☐ **Alkaline Treatment/Lime Stabilization**

Provide a detailed description of the alkaline treatment process as **APPENDIX SPECIFIC FACILITY INFO – AT/LS** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the alkaline treatment process. Include documentation to show how all sewage sludge particles will meet the appropriate pH value and time requirements.).

☐ **Composting**

☐ Within-Vessel

☐ Static Aerated Pile

☐ Windrow

Provide a detailed description of the composting operation as **APPENDIX SPECIFIC FACILITY INFO – COMPOST/General** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the composting operation. Include calculations to document an accurate determination of the "time & temperature" requirements and how all sewage sludge particles will meet the appropriate time and temperature requirements.).

Provide a list and detailed description of all Feedstocks or Supplements that will be blended, mixed, and composted with the sewage sludge as **APPENDIX SPECIFIC FACILITY INFO – Feedstock/Supp** [For each Feedstock or Supplement, include all laboratory results to (1) prove that the feedstock or supplement is non-hazardous by a hazardous waste determination in accordance with LAC 33:Part V and/or 40 CFR Part 261 and (2) to show that the level of Polychlorinated biphenyls (PCB's) is less than 50 milligrams per kilogram of total solids (dry weight basis)].

☐ **Heat Drying**

Provide a detailed description of the thermal treatment operation as **APPENDIX SPECIFIC FACILITY INFO – HD** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the thermal treatment process. Include documentation as to how the process will meet the "time & temperature" and "moisture content" requirements.).

☐ **Heat Treatment**

Provide a detailed description of the heat treatment process as **APPENDIX SPECIFIC FACILITY INFO – HT** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the heat treatment process. Include documentation that will insure that "time & temperature" requirements will be attained.).

☐ **Thermophilic Aerobic Digestion**

Provide a detailed description of the thermophlic aerobic digestion process as **APPENDIX SPECIFIC FACILITY INFO – TAD** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the thermophlic aerobic digestion process. Include adequate documentation to show that the aerobic conditions and the appropriate retention time & temperature requirements will be maintained.).

☐ **Beta or Gamma Ray Irradiation**

☐ Beta Ray Irradiation

☐ Gamma Ray Irradiation

Provide a detailed description of the irradiation treatment process as **APPENDIX SPECIFIC FACILITY INFO – IRR** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and operation of the irradiation treatment process. Include adequate documentation to show that the dosages and temperature requirements will be maintained.).

☐ **Pasteurization**

Provide a detailed description of the pasteurization treatment process as **APPENDIX SPECIFIC FACILITY INFO – P** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the pasteurization treatment process. Include adequate documentation to show that the time & temperature requirements will be maintained.).

p. _____Tons/Yr of treated sewage sludge (Biosolids) that is produced at your facility (Dry Weight Basis)

q. Storage:

Will untreated sewage sludge be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → _____Months NOTE 2

☐ **No**

Will treated sewage sludge (Biosolids) be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → _____Months NOTE 2

☐ **No**

NOTE 2 If the response to any of the questions in "**q.**", above, is "**Yes**", then provide a detailed description of the storage process as **APPENDIX SPECIFIC FACILITY INFO – STORAGE** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the storage process. Include adequate documentation to show that stormwater run-on, stormwater runoff, and infiltration will be prevented or controlled. Stormwater run-on and runoff protection shall be based upon a 24-hour/25-year storm event.).

r. Provide as **APPENDIX SPECIFIC FACILITY INFO – OTHER REQUIREMENTS**, a description of how the following will be addressed:

1. Collection, treatment, and disposal of leachate, vehicle and equipment wash-down water, or other contaminated wastewater that will be generated during the sewage sludge treatment process.

2. Odor control.

s. Is the applicant a POTW?

☐ **Yes →** Is the POTW's Sewage Sludge Treatment Facility located outside of the perimeter of or at a separate location then the POTW?

☐ **Yes → Go To** on → **SITING_AND_OPERATION** **to continue the application process**.

☐ **No →** 1. Provide a copy of the **Facility Operations and Maintenance Manual** as **APPENDIX SPECIFIC FACILITY INFO - POTW O&P**, (The O & P Manual must describe, in specific detail, how the sewage sludge and the other feedstock or supplements to be blended, composted, or mixed with the sewage sludge will be managed during all phases of processing operations. **See LAC 33:IX.6905.B.1.a.ii for a list of the minimum items that the O & P Manual must address**.)

2. **Go To** on → **DISPOSAL_OR_LAND_APPLICATION** **to continue the application process**.

☐ **No → Go To** on → **SITING_AND_OPERATION** **to continue the application process**.

END "SPECIFIC_FACILITY_INFO" SECTION

a. _____Tons/Yr of sewage sludge that is generated at your facility (Dry Weight Basis)

b. _____Tons/Yr of grease trap waste that is generated at your facility (Dry Weight Basis)

c. _____Tons/Yr of sewage sludge that is received from off-site (Dry Weight Basis)

d. _____Tons/Yr of grease trap waste that is received from off-site (Dry Weight Basis)

e. Is the sewage sludge or grease trap waste that is received from off-site totally generated at a facility that is owned/operated by the applicant?

☐ **Yes** → Go on to "**f**" below to continue the application process.

☐ **No** → 1. Provide the names, address, owner/operator name, contact phone number, and the Tons/Yr received for each off-site location as **APPENDIX GREASE TRAP WASTE – Offsite**.

2. Will the blending, composting, mixing, preparing, or treatment of the sewage sludge and grease trap waste that is received from an off-site facility that is not owned/operated by the applicant be performed for monetary profit or other financial consideration?

☐ **Yes** → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX GREASE TRAP WASTE – Financial Assurance**.

☐ **No** → Go on to "**f**" to continue the application process.

f. Provide as **APPENDIX GREASE TRAP WASTE – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of the sewage sludge prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

g. Provide as **APPENDIX GREASE TRAP WASTE – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of the grease trap waste prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

h. Provide as **APPENDIX GREASE TRAP WASTE – PCB** results of a "PCB" laboratory analysis of the sewage sludge, prior to mixing with any other material.

i. Provide as **APPENDIX GREASE TRAP WASTE – PCB** results of a "PCB" laboratory analysis of the grease trap waste, prior to mixing with any other material.

j. If any of the analysis reported in **g., h., and i.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX SPECIFIC FACILITY INFO – LAB**.

k. _____Tons/Yr of combined sewage sludge and grease trap waste that is treated at this facility (Dry Weight Basis)

l. Treatment Process (Check all that applies and respond to the questions and requirements for each Treatment Process that pertains to your facility):

☐ **Oxidation Pond/Aerated Lagoon/Constructed Wetland System**

Provide a detailed description of the treatment process as **APPENDIX GREASE TRAP WASTE – OP/AL/CWLS** (Include maps, diagrams and schematics that are necessary to fully describe the location and flow of the treatment process.).

Is the Oxidation Pond, Aerated Lagoon, or constructed wetland system adequately lined (natural soils or artificial liner) for ground water protection?

☐ **Yes** → Provide, as **APPENDIX GREASE TRAP WASTE – GWP**, documentation by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) that indicates that the area where the pond or lagoon is located will adequately protect against potential aquifer contamination either by natural soil or by a synthetic liner that has a hydraulic conductivity of $1x10^{-7}$ centimeters per second or less and adequately protect against the potential to contaminate an aquifer. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **No** → Provide as **APPENDIX GREASE TRAP WASTE – GWP**, a detailed explanation, documented by a *Qualified Groundwater Scientist* (As defined in LAC 33:IX.6901.I) as to how the groundwater and aquifer will be adequately protected against potential contamination. [NOTE: Documentation must be certified by a signature and seal of the *Qualified Groundwater Scientist*.]

☐ **Air Drying/Drying Beds**

Provide a detailed description of the drying bed(s) as **APPENDIX GREASE TRAP WASTE – AD/DB** (Include maps, diagrams and schematics that are necessary to fully describe the location and handling of the air drying/drying beds operation. Include in the description time (in months), and the ambient average daily temperature for the months that the sewage sludge and grease trap waste will undergo the air drying/drying bed process. Also include in the description a discussion as to how stormwater runoff and run-on will be prevented or controlled.).

☐ **Belt Press**

Provide a detailed description of the belt press operation as **APPENDIX GREASE TRAP WASTE – BP** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location and handling of the belt press operation.).

☐ **Solidification & De-watering**

Provide a detailed description of the solidification/dewatering process as **APPENDIX GREASE TRAP WASTE – S&DW** (Include maps, diagrams and schematics that are necessary to fully describe the size, type, location, process flow, and handling of the process.).

☐ **Anaerobic Digestion**

Provide a detailed description of the anaerobic digestion process as **APPENDIX GREASE TRAP WASTE – AND** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the anaerobic digestion process. Include adequate documentation to show that the appropriate anaerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Aerobic Digestion**

Provide a detailed description of the aerobic digestion process as **APPENDIX GREASE TRAP WASTE – AED** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the aerobic digestion process. Include adequate documentation to show that the aerobic conditions, solids retention time, and temperature requirements will be maintained.).

☐ **Alkaline Treatment/Lime Stabilization**

Provide a detailed description of the alkaline treatment process as **APPENDIX GREASE TRAP WASTE – AT/LS** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the alkaline treatment process. Include documentation to show how all sewage sludge and grease trap waste particles will meet the appropriate pH value and time requirements.).

m. **Go To the SITING AND OPERATION Section to continue the application process**.

END "GREASE TRAP WASTE" SECTION

Complete the following information for each facility where sewage sludge will be blended, composted, mixed, prepared, or treated. Make extra copies if needed to cover each facility.

a. Siting Distances (Buffer Zones):

1. Is the Facility located 200 feet from a property line?

☐ **Yes**

☐ **No** → Provide a copy of the notarized affidavit, of the adjoining landowners and occupants waiving the 200-foot buffer zone that was entered in the mortgage and conveyance records of the parish for the adjoining landowner's property as **APPENDIX SITE & OP – WAIVER PLB**.

2. Is the Facility located within the boundaries of a legally zoned and established Industrial Park?

☐ **Yes** → Provide documentation that the Facility is located within the boundaries of a legally zoned and established Industrial Park as **APPENDIX SITE & OP – IP** (The documentation must include a signed legal document and maps showing the location of the Industrial Park.) .

☐ **No** NOTE 3

NOTE 3 If the selection is "**No**", indicate if the Facility meets the following buffer zones in **2.i – 2.iv**?

i. 500 feet from an established home residence –

☐ **Yes**

☐ **No** → Provide a copy of the special notarized affidavit that was executed by the owner granting waiver of the 500 feet buffer down to 200 feet as **APPENDIX SITE & OP – WAIVER HOME**.

ii. 1,000 feet from an established school, hospital, institution, day-care facility, nursing home, hotel/motel, playground, park, golf course or restaurant/food establishment -

☐ **Yes**

☐ **No** → Provide a copy of the special notarized affidavit that was executed by a qualified representative of the established school, hospital, institution, day-care facility, nursing home, hotel/motel, playground, park, golf course or restaurant/food establishment granting waiver of the 1,000 feet buffer down to 200 feet as **APPENDIX SITE & OP – WAIVER OTHER B**.

iii. 300 feet from a private potable water supply or a private water supply elevated or ground storage tank –

☐ **Yes**

☐ **No** → Provide a copy of the special permission that was granted by the private water supply or private water supply elevated or ground storage tank owner that allows the locating of the Facility at a distance of less than 300 feet from a private potable water supply or a private water supply elevated or ground storage tank **APPENDIX SITE & OP – WAIVER PRIVATE H_2O**.

iv. 300 feet from a public potable water supply or a public water supply elevated or ground storage tank –

☐ **Yes**

☐ **No** → Provide a copy of the special permission that was granted by the Department of Health and Hospitals that allows the locating of the Facility at a distance of less than 300 feet from a public potable water supply or a public water supply elevated or ground storage tank **APPENDIX SITE & OP – WAIVER PUBLIC H_2O**.

3. Is this facility located on an airport property?

☐ **Yes** → (a) Provide a copy of the approval from the U.S. Department of Transportation's Federal Aviation Administration (FAA) as **APPENDIX SITE & OP – FAA**.

(b) Is the facility 1,200 feet from any aircraft's approach or departure airspace or *Air Operations Area* as defined in LAC 6901.I; or the distance called for by the U. S. Department of Transportation Federal Aviation Administration's airport design requirements for a facility that prepare or compost only sewage sludge or blend, mix, or compost sewage sludge and have only woodchips or yard waste (e.g., leaves, lawn clippings, or branches) as feed stock or supplements

☐ **Yes** ☐ **No**

☐ **No** → Is the facility 5,000 feet from any airport property boundary (including any aircraft's approach or departure airspace or Air Operations Area) if the airport does not sell Jet-A fuel and serves only piston-powered aircrafts; or 10,000 feet from any airport property boundary (including any aircraft's approach or departure airspace or Air Operations Area) if the airport sells Jet-A fuel and serves turbine-powered aircrafts or sells Jet-A fuel and is designed to serve turbine-powered and/or piston-powered aircrafts for a facility that blend, mix, or compost sewage sludge that include food or other municipal solid waste as feed stock or supplements

☐ **Yes** ☐ **No**

4. Is the facility located 100 feet from a wetlands, surface waters (streams, ponds, lakes), or areas historically subject to overflow from floods? ☐ **Yes** ☐ **No**

5. Is the facility located in, or within 1,000 feet of the following? (Select all that applies)

☐ **Swamps, marshes, wetlands** → Provide as **APPENDIX SITE & OP – CORPS OF ENGINEERS** a copy of the correspondence(s) from the Department of the Army/US Corps of Engineers that indicates that the facility will have no effects on these sites.

☐ **Estuaries, wildlife-hatchery areas, habitat of endangered species** → Provide as **APPENDIX SITE & OP – WILDLIFE & FISHERIES** a copy of the correspondence(s) from the Louisiana Department of Wildlife & Fisheries and the U.S. Fish & Wildlife Services that indicates that the facility will have no effects on these sites.

☐ **Archaeological, historical, cultural, or other sensitive ecological sites** → Provide as **APPENDIX SITE & OP – CRT** a copy of the correspondence(s) from the Louisiana Department of Culture, Recreation, and Tourism that indicates that the facility will have no effects on these sites.

6. Will untreated sewage sludge and/or supplement or feedstock material to be utilized at the facility be located less than 25 feet from a subsurface drainage pipe or drainage ditch that discharges directly to waters of the state? ☐ **Yes** ☐ **No**

b. Storage:

1. Will untreated sewage sludge be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → _____Months NOTE 4

☐ **No**

2. Will treated sewage sludge (Biosolids) be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → _____Months NOTE 4

☐ **No**

3. Will "supplements", "feedstock", or "fillers" be stored at this facility?

☐ **Yes** → Indicate the length of time (in months) → _____Months NOTE 4

☐ **No**

NOTE 4 If the response to any of the questions in "**b.**", above is "**Yes**", then provide a detailed description of the storage process as **APPENDIX SITE & OP – S** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the storage process. Indicate the length of time that treated sewage sludge will be stored at the facility. Include adequate documentation to show that stormwater run-on, stormwater runoff, and infiltration will be prevented or controlled. Stormwater run-on and runoff protection shall be based upon a 24-hour/25-year storm event.)

c. Provide, as **APPENDIX SITE & OP – SIGNS**, an artist design, photo, or copy of signs that will be posted around the facility perimeter. At the minimum, the signs must contain the Name of the Facility, Contact Person, Contact Telephone Number, Emergency Telephone Number, Hours of Operation, and Types of Materials that will be handled at this facility.

d. Provide a copy of the **Facility Operations and Maintenance Manual** as **APPENDIX SITE & OP – FACILITY O&P MANUAL**. (The O & P Manual must describe, in specific detail, how the sewage sludge and the other feedstock or supplements to be blended, composted, or mixed with the sewage sludge will be managed during all phases of processing operations. **See LAC 33:IX.6905.B.1.a.ii for a list of the minimum items that the O & P Manual must address**.)

e. Provide as **APPENDIX SITE & OP – CLOSURE PLAN**, a detailed explanation of how Closure will be addressed for this facility (See **LAC 33:IX.6905.B.3** for the proper closure requirements.)

f. Select only one of the choices below and "**Double-Click**" on the designated link to continue filling out the permit application form:

☐ POTW, POSWTF, or Commercial Preparer of Sewage Sludge and ***Grease Trap Waste*** is handled and mixed with sewage sludge at this facility → **Go To the MSWL Section to continue the application process**.

☐ Owner/Operator of a Sewage Sludge Incinerator → **Go To the INCINERATION Section to continue the application process**.

☐ None of the above → **Go To the DISPOSAL OR LAND APPLICATION Section to continue the application process**.

END "SITING AND OPERATION" SECTION

DISPOSAL_OR_LAND_APPLICATION

Select One Use or Disposal Practice then "**DOUBLE-CLICK**" on the **Underlined** Use or Disposal Practice below the selected box to continue the application process:

☐ **Disposal in a Municipal Solid Waste Landfill → Go To the MSWL Section to continue application process**.

☐ **Land Application of Biosolids** (Includes the utilization of Biosolids as "daily", "interim", and "final" cover.) – Indicate the quality of Biosolids by selecting one of the following:

☐ Exceptional Quality Biosolids

(1) Enter the amount of Exceptional Quality Biosolids that is annually produced at this facility in Tons/Year on a Dry Weight Basis → _____Tons/Year

(2) **Go To the TRAMSPORTATION Section to continue the application process**.

☐ Non-exceptional (Class B) Biosolids

(1) Enter the amount of Non-exceptional Quality Biosolids that is annually produced at this facility in Tons/Year on a Dry Weight Basis → _____Tons/Year

(2) Will the Biosolids be sold, given away, or transferred to another person or to a facility that is not owned or operated by the applicant for further treatment and/or use?

☐ Yes → **Go To the SOLD TO OR GIVEN AWAY Section to continue the application process**.

☐ No → **Go To the LAND APPLICATION Section to continue the application process**.

END "DISPOSAL_OR_LAND_APPLICATION" SECTION

(1) Enter the name of the Person and/or Facility where the sewage sludge is sold to or given away:

_____

(2) Enter the Address of the Person and/or Facility where the sewage sludge is sold or given away:

_____

(3) Enter the Telephone Number of the Person and/or Facility where the sewage sludge is sold or given away:

_____

(4) Provide as **APPENDIX SOLD TO OR GIVEN AWAY – REQUIRED INFORMATION TO ANOTHER USER** a discussion of how the requirements at **LAC 33:IX.6903.C.1.a** are met.

(5) **Go To the <u>TRANSPORTATION</u> Section to continue the application process.**

END "SOLD_TO_OR_GIVEN_AWAY" SECTION

Provide the information requested in "MSWL" for each Municipal Solid Waste Landfill where sewage sludge from your facility is disposed. If more than one Municipal Solid Waste Landfill is utilized for the disposal of sewage sludge from your facility, make extra copies of "MSWL" to address each Municipal Solid Waste Landfill.

a. Provide the Name of the Municipal Solid Waste Landfill:

_____

Mailing Address:

Mailing Address:

P.O. Box Number or Street Name: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

Physical Address: _____

Contact Person: _____

Job or Position Title: _____

Mailing Address:

Mailing Address:

P.O. Box Number or Street Name: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

Is the Contact Person the owner or operator (or both) of the Municipal Solid Waste Landfill?

Check One: ☐ Owner ☐ Operator ☐ Both

b. Provide the following Permit Numbers for this Municipal Solid Waste Landfill (Type in N/A if the Municipal Solid Waste Landfill does not possess the requested Permit.):

Solid Waste Permit Number: _____

Hazardous Waste Permit Number: _____

Louisiana Pollutant Discharge Elimination System (LPDES) Permit Number: _____

Air Quality or Title V Permit Number: _____

c. If the Municipal Solid Waste Landfill is located in a state other than Louisiana, provide the following Permit Numbers (Type in N/A if the Municipal Solid Waste Landfill does not possess the requested Permit.):

Solid Waste Permit Number: _____

Hazardous Waste Permit Number: _____

Wastewater Discharge Permit Number: _____

Air Quality or Title V Permit Number: _____

e. Provide documentation (Signed letter from the Municipal Solid Waste Landfill Owner/Operator) that this Municipal Solid Waste Landfill is capable and willing to accept the sewage sludge from your facility. Provide this information as **APPENDIX MSWL - A** of this permit application.

f. _____Tons/Yr of sewage sludge disposed at this Landfill (Dry Weight Basis)

g. Submit, with this application as **APPENDIX MSWL - B**, documentation that the sewage sludge meets the applicable requirements for disposal in this Municipal Solid Waste Landfill. Documentation shall include, but is not limited to, the following:

- A determination that the sewage sludge is non-hazardous by a hazardous waste determination in accordance with LAC 33:Part V and/or 40 CFR Part 261.
- A determination that the sewage sludge level of Polychlorinated biphenyls (PCB's) is less than 50 milligrams per kilogram of total solids (dry weight basis).
- A determination that the sewage sludge does not contain "free liquids" as defined by Method 9095 (Paint Filter Liquids Test), as described in "*Test Methods for Evaluating Solid Wastes, Physical/Chemical Methods*" (**EPA Pub. No. SW-846**).

h. If any of the analysis reported in **g.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX MSWL – LAB**.

i. **Go To the <u>TRANSPORTATION</u> Section to continue the application process.**

END "MSWL" SECTION

(Complete this section for each individual Land Application Site – Make extra copies to address each individual site.)

a. Select one of the following → ☐ Commercial Land Applier → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX LAND APPLICATION – FINANCIAL ASSURANCE**

☐ Private Land Applier

b. Provide the Name of the Facility or Supplier where the Biosolids that will be land applied at this site was obtained (If more than one facility or supplier, list each facility or supplier.):

_____

c. Provide the Name of a Contact Person for each Facility or Supplier where the Biosolids were obtained:

_____

d. Provide a Telephone Number of the Contact Person for each Facility or Supplier where the Biosolids were obtained:

_____

e. Indicate the parameter(s) that prevents the Biosolids from being classified as "Exceptional Quality" (Select all that applies.):

☐ Pollutants (Unable to meet the ceiling concentration levels in **Table 1 of LAC 33:IX.D.2.a** and the pollutant concentration levels in **Table 3 of LAC 33:IX.D.2.c**)

☐ PCB (PCB level is greater than or equal to 10 mg/kg of total solids (dry weight basis)

☐ Pathogens (Unable to meet one of the pathogen requirements in **LAC 33:IX.6909.C.1**)

☐ Vector Attraction Reduction (Unable to meet one of the Vector Attraction Reduction requirements in **LAC 33:IX.6909.D.2.a - .h**)

f. Provide the Name of the Owner of the Land Application Site:

_____

g. Provide the Address of the Owner of the Land Application Site:

_____

h. Provide the Contact Telephone Number of the Owner of the Land Application Site (If the phone number is "Unlisted" or "Restricted"; then, indicate as such in the blank space afforded:

_____

i. Provide a "Physical Address" for the Land Application Site:

_____

j. Provide the Latitude and Longitude of the Land Application Site → _____° _____' _____"

Indicate how the Latitude and Longitude were determined (source of determination):

_____

k. Provide the Section, Township, and Range of the Land Application Site →

Section _____ Township _____ → Select either "East" ☐ or "West" ☐

Range _____ → Select either "North" ☐ or "South" ☐

Indicate how the Section, Township, and Range were determined (source of determination):

_____

l. Provide documentation, in the form of a "signed" agreement that the owner of the land application site has agreed to the land application of Biosolids on his/her property, as **APPENDIX LAND APPLICATION – AGREEMENT**

m. Locate and delineate out this Land Application Site on an aerial photograph and/or topographic sheet and include the delineated aerial photograph and/or topographic sheet as **APPENDIX LAND APPLICATION – SITE LOCATION**

n. Provide a full description of all the soil types for this land application site as **APPENDIX LAND APPLICATION – SOIL CHARACTERISTICS** [The information **must** include, but is not limited to: **(a)** soil name, **(b)** soil type, **(c)** soil texture to a depth of five (5) feet, **(d)** Soil analysis for Total Kjeldahl nitrogen (**TKN**), Nitrogen, Phosphorus, Potassium, pH, and Cation Exchange Capacity (**CEC**), **(e)** soil infiltration rate, **(f)** soil permeability to a depth of five (5) feet, **(g)** slope class/percent slope, **(h)** annual high water table depth for each month of the year, and **(i)** the delineation of the soil on an aerial photograph. The information can be obtained from: (1) The "official" USDA Natural Resources Conservation Service published Soil Survey of the Parish or Parishes where this land application site is located; or, (2) Through an "official" on-site determination that is signed and documented by a certified Soil Scientist, Soil Taxonomist, Soil Classifier or "official" USDA Natural Resources Conservation Service Parish Representative.]

o. If any of the soil analysis reported in **m.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX LAND APPLICATION – LAB**.

p. Provide a copy of the "Nutrient Management Plan" that was developed for this Land Application Site as **APPENDIX LAND APPLICATION – NUTRIENT MANAGEMENT PLAN**.

q. Provide documentations and calculations for determination of "**Agronomic Rate**" for this Land Application Site as **APPENDIX LAND APPLICATION – AGRONOMIC RATE**.

r. Describe the type of equipment that will be utilized for application of the Biosolids at this Land Application Site as **APPENDIX LAND APPLICATION – EQUIPMENT**. Include in the description, a discussion as to how the equipment will be calibrated to apply the Biosolids at the calculated Agronomic Rate for this Land Application Site.

s. Vector Attraction Reduction

If applicable, select the Vector Attraction Reduction Method that will be utilized by the land applier at this Land Application Site from the list below:

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **injected** below the surface of the land within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge that is *Exceptional Quality* with respect to pathogens will be **incorporated** into the soil within eight hours after being discharged from the pathogen treatment process.

☐ Sewage sludge will be **injected** below the surface of the land and no significant amount of the sewage sludge shall be present on the land surface within one hour after the sewage sludge is injected.

☐ Sewage sludge will be **incorporated** into the soil within six hours after application to the land.

t. Buffer Zones:

Does the location of the Land Application Site or the actual land application of the Biosolids meet the following buffer zones?

1. 100 feet from the property boundary –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special permission that was granted by the property owner that allows the land application of Biosolids at a distance of less than 100 feet from the property boundary as **APPENDIX LAND APPLICATION – PROPERTY BOUNDARY**.

2. 500 feet from an established home residence –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special notarized affidavit that was executed by the owner granting waiver of the 500 feet buffer down to 200 feet as **APPENDIX LAND APPLICATION – WAIVER HOME**.

3. 1,000 feet from an established school, hospital, institution, business, day-care facility, nursing home, hotel/motel, playground, park, golf course, or restaurant/food establishment –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the copy of the special permission that was granted by a qualified representative of the established school, hospital, institution, day-care facility, nursing home, hotel/motel, playground, park, golf course, restaurant/food establishment, or an established home residence that allows the land application of Biosolids at a distance of less than 1,000 feet as **APPENDIX LAND APPLICATION – WAIVER OTHER PROPERTY**.

4. 300 feet from a private potable water supply or a private water supply elevated or ground storage tank –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special permission that was granted by the private water supply or private water supply elevated or ground storage tank owner that allows the land application of Biosolids at a distance of less than 300 feet from a private potable water supply or a private water supply elevated or ground storage tank as **APPENDIX LAND APPLICATION – WAIVER PRIVATE H_2O**.

5. 300 feet from a public potable water supply or a public water supply elevated or ground storage tank –

   ☐ **Yes**

   ☐ **No** → Provide a copy of the special permission that was granted by the Department of Health and Hospitals that allows the land application of Biosolids at a distance of less than 300 feet from a public potable water supply or a public water supply elevated or ground storage tank **APPENDIX LAND APPLICATION – WAIVER PUBLIC H_2O**.

u.Storage:

Will treated sewage sludge (Biosolids) be stored at this facility?

☐ **Yes** → 1. Indicate the length of time (in months) → _____ Months

2. Provide a detailed description of the storage process as **Appendix LAND APPLICATION - STORAGE** (Include maps, diagrams and schematics that are necessary to fully describe the location, handling, and flow of the storage process. Indicate the length of time that treated sewage sludge (Biosolids) will be stored at this Land Application Site. Include adequate documentation to show that stormwater run-on, stormwater runoff, and infiltration will be prevented or controlled. Stormwater run-on and runoff protection shall be based upon a 24-hour/25-year storm event.)

3. **Go To the <u>TRANSPORTATION</u> Section to continue the application process.**

☐ **No → Go To the <u>TRANSPORTATION</u> Section to continue the application process.**

END "LAND APPLICATION" SECTION

INCINERATION

Complete for each individual incinerator that will be utilized for the incineration of sewage sludge (Make extra copies for each incinerator.).

a. _____ Tons/Yr of sewage sludge that is generated at your facility (Dry Weight Basis)

b. _____ Tons/Yr of sewage sludge that is received from off-site (Dry Weight Basis)

c. Is the sewage sludge that is received from off-site totally generated at a facility that is owned/operated by the applicant?

☐ **Yes**

☐ **No** → Provide responses to the following:

1. Name, address, owner/operator name, contact phone number, and the Tons/Yr received for each off-site location as **APPENDIX INCINERATION – Offsite**.

2. Will the preparing, treatment, and incineration of the sewage sludge received from an off-site facility that is not owned/operated by the applicant be performed for monetary profit or other financial consideration?

   ☐ **Yes** → Provide documentation to show compliance of the **Financial Assurance Requirements** in **LAC 33:IX.6907** as **APPENDIX INCINERATION – FINANCIAL ASSURANCE**.

   ☐ **No**

d. Provide as **APPENDIX INCINERATION – HAZARDOUS CHARACTERISTICS** results of a "Hazardous Characteristics" laboratory analysis of the sewage sludge prior to mixing with any other material (See **LAC 33:V and/or 40 CFR Part 261**).

e. Provide as **APPENDIX INCINERATION – PCB** results of a "PCB" laboratory analysis of the sewage sludge prior to mixing with any other material.

f. Provide as **APPENDIX INCINERATION – POLLUTANTS** results of a laboratory analysis of the sewage sludge prior to incineration and the additional information requested for the pollutants listed in the following Table:

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
LEAD			
NICKEL			

g. **Amount Fired:**

Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: _____ dry metric tons

h. **Beryllium NESHAP:**

Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31?

☐ **Yes** → 1. Provide as **APPENDIX INCINERATION – BERYLLIUM NESHAP**, information, test data, and description of measures taken that demonstrate that the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

2. Provide as **APPENDIX INCINERATION – BERYLLIUM NESHAP**, a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

☐ **No** → Provide as **APPENDIX INCINERATION – BERYLLIUM NESHAP**, information, test data, and description of measures taken that demonstrate that the sewage sludge incinerated is <u>not</u> beryllium-containing waste, and will continue to remain as such.

i. **Mercury NESHAP:**

How is compliance with the mercury NESHAP being demonstrated?

☐ Stack testing → If stack testing is conducted, provide as **APPENDIX INCINERATION – MERCURY NESHAP**, the following information:

1. A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

2. Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

☐ Sewage sludge sampling → If sewage sludge sampling is used to demonstrate compliance, Provide as **APPENDIX INCINERATION – MERCURY NESHAP** a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet the mercury NESHAP emission rate limit.

j. **Dispersion Factor:**

1. Dispersion factor, in micrograms/cubic meter per gram/second: _____

2. Name and type of dispersion model: _____

3. Provide as **APPENDIX INCINERATION – DISPERSION FACTOR**, a copy of the modeling results and supporting documentation.

k. **Control Efficiency:**

1. Provide the Control Efficiency, in hundredths, for the following pollutants:

   Arsenic: _____

   Chromium: _____

   Nickel: _____

   Cadmium: _____

   Lead: _____

2. Provide as **APPENDIX INCINERATION – CONTROL EFFICIENCY**, a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

l. **Risk Specific Concentration for Chromium:**

1. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: _____

2. Which basis was used to determine the RSC?

   ☐ **Table 2** in **LAC 33:IX.6911.D** → Identify the type of incinerator used as the basis:

      ☐ Fluidized bed with wet scrubber

      ☐ Fluidized bed with wet scrubber and wet electrostatic precipitator

      ☐ Other types with wet scrubber

      ☐ Other types with wet scrubber and wet electrostatic precipitator

   ☐ **Equation 6** in **LAC 33:IX.6911.D** (site-specific determination) → Provide the following:

      a. Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____

      b. Provide as **APPENDIX INCINERATION – CHROMIUM**, results of the incinerator stack tests for hexavalent and total chromium concentrations [Include date(s) of test.].

m. **Incinerator Parameters:**

1. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas?

   ☐ **Yes** ☐ **No**

2. Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas?
   ☐ **Yes** ☐ **No**

3. Incinerator type: _____

4. Incinerator stack height, in meters:_____

Indicate whether value submitted is: ☐ Actual stack height ☐ Creditable stack height

n. **Performance Test Operating Parameters:**

1. Maximum Performance Test Combustion Temperature: _____

2. Performance test sewage sludge feed rate, in dry metric tons/day: _____

i. Indicate whether the value submitted is: ☐ Average use ☐ Maximum design

ii. Provide as **APPENDIX INCINERATION – FEED RATE**, supporting documents describing how the feed rate was calculated.

3. Provide as **APPENDIX INCINERATION – PERFORMANCE TEST**, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

o. **Monitoring Equipment:**

List the equipment in place to monitor the following parameters:

1. Total hydrocarbons or carbon monoxide: _____

2. Percent oxygen: _____

3. Moisture content: _____

4. Combustion temperature: _____

5. Other: _____

p. **Air Pollution Control Equipment:**

List all air pollution control equipment used with this sewage sludge Incinerator: _____
_____

q. If any of the analysis reported in **d.**, **e.**, **f.**, **i.**, **k.**, and **l.** above were performed by a contract lab or consulting firm, provide the firm name, address, phone number, LELAP Certification Number, and pollutants analyzed as **APPENDIX INCINERATION – LAB**.

r. **Go To the <u>TRANSPORTATION</u> Section to continue the application process.**

END "INCINERATION" SECTION

TRANSPORTATION

Is raw, untreated sewage sludge transported to this facility from an off-site location?

☐ **Yes** → 1. Are you the owner of the vehicles being utilized for the transportation of the raw, untreated sewage sludge?

☐ **Yes**

(a) **Either** (i) complete and submit a Transporter Notification Form to the Office of Environmental Services, Water and Waste Permits Division **or** (ii) provide as **APPENDIX TRANSPORT – TRANSPORTER LICENSE**, a copy of your Transporter's License and Number that was obtained from the Office of Environmental Service, Water and Waste Permits Division.

(b) Provide as **APPENDIX TRANSPORT – VEHICLE**, documentation to assure that the vehicles are in compliance with the following requirements:

(i) The regulations and licensing of the Department of Transportation and Development and with applicable local ordinances governing weight and size for the roads and streets that must be traveled during the transporting of sewage sludge.

(ii) The bodies of vehicles will be covered at all times, except during loading and unloading, in a manner that prevents rain from reaching the sewage sludge, inhibits access by vectors, prevents the sewage sludge from falling or blowing from the vehicle, minimizes escape of odors, and does not create a nuisance.

(iii) The bodies of vehicles that are utilized to transport liquefied sewage sludge or a sewage sludge that is capable of producing a leachate will be constructed and/or enclosed with an appropriate material that will completely prevent the leakage or spillage of the liquid.

☐ **No**

(a) Provide either the name of the transporter or the name of the transporter company: _____

(b) Provide the address of the transporter or transporter company:
_____

(c) Provide the name of the contact person of the transporter company:
_____

(e) Provide the contact telephone number of the transporter or transporter company:
_____

2. **Go To the <u>ENVIRONMENTAL IMPACT QUESTIONAIRE</u> Section to continue the application process.**

☐ **No → Go To the <u>ENVIRONMENTAL IMPACT QUESTIONAIRE</u> Section to continue the application process.**

END "TRANSPORTATION" SECTION

There is no requirement that the information furnished in response to this questionnaire be certified by a professional engineer or other expert. However, simple **"yes"** or **"no"** answers **will not be acceptable**. A measured response should be given for each question posed, taking into consideration appropriate factors such as: the environmental sensitivity of the area, both for the proposed site and alternative sites; impacts on the economy of the area, both favorable and unfavorable; availability of raw materials, fuels and transportation and the impact of potential sites on their availability and economics; relationship of the facility to other facilities, either within or independent of the company, and the effects of location on these relationships; and other factors which may be appropriate on a case-by-case basis. **(Attach any additional pages if needed.)**

a. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – A**, a detailed discussion demonstrating that the potential and real adverse environmental effects of the proposed facility have been avoided to the maximum extent possible [Determine any "potential" effects that the project may have upon human health and/or the environment – Air Quality, Surface Waterbodies, Drinking water supplies, Soils & Crops, Potential adverse effects on children and the elderly, Economy of the area. If any "potential" effects exist, explain how they will be avoided to the "maximum" extent possible (Address each "potential" effect separately.). If no "potential" effects should exist, there is a need to indicate that no human health and/or environmental adverse effects exist and provide some "documented" support as to why none exist. Indicate any benefits that will be derived from the project with regards to any environmental or human health issues. Provide any documentation that will support the benefits that will be derived from the project.].

b. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – B**, a cost benefit analysis that balances the environmental-impact costs against the social and economic benefits of the facility and demonstrates that the latter outweighs the former (If any "potential" adverse effects to human health and/or the environment should exist, provide adequate documentation to show that they will be outweighed by any social & economic benefits. Demonstrate the social & economic benefits that will be derived from the project. Provide any documentation that will support the benefits. If no "potential" adverse effects to human health and/or the environment exist, demonstrate any benefits that will be derived from the project that will further enhance the social & economic status of the area. Provide any documentation that will support the benefits that will be derived from the project.).

c. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – C**, a discussion and description of possible alternative projects which would offer more protection to the environment than the proposed facility without unduly curtailing non-environmental benefits [Survey and evaluate, in detail, as many alternative sewage sludge use or disposal projects as possible - More than one project must be evaluated. List all the projects evaluated. Indicate, in detail the reasons why the particular project was chosen above the other projects that were evaluated (Indicate the reasons why the alternative projects were not feasible.)].

d. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – D**, a detailed discussion of possible alternative sites which would offer more protection to the environment than the proposed facility site without unduly curtailing non-environmental benefits [Survey and evaluate, in detail, as many alternative sites for the projects as possible - More than one site must be evaluated. List all the sites evaluated. Indicate, in detail the reasons why the particular site was chosen above the other sites that were evaluated (Indicate the reasons why the alternative sites were not feasible.)].

e. Provide, as **APPENDIX ENVIRONMENTAL IMPACT – E**, a discussion and description of mitigating measures which would offer more protection to the environment than the facility as proposed without unduly curtailing non-environmental benefits (Indicate any additional measures, other than documented "mitigating measures" that you are willing to undertake which goes beyond the minimum requirements of the regulations that will afford increased protection of human health and/or the environment. Give supporting documentation as to why these measures will afford increased protection of human health and/or the environment.).

f. **Go To the LAC 33 I 1701 REQUIREMENTS Section to continue the application process.**

END "ENVIRONMENTAL_IMPACT_QUESTIONAIRE" SECTION

a. Does this facility possess environmental permits in the State of Louisiana?

☐ **Yes** → Provide the following Permit Numbers for this facility (Type in N/A if this Facility does not possess the requested Permit.):

Air Quality Permit Number: _____

Hazardous Waste Permit Number: _____

Louisiana Pollutant Discharge Elimination System (LPDES) Permit Number: _____

Solid Waste Permit Number: _____

Sewage Sludge Use or Disposal Permit Number: _____

☐ **No** → Go to **Item** "**b.**"

b. Does your company or you have federal or state environmental permits in states other than Louisiana that are identical to, or of a similar nature to, the permit for which you are submitting this application form? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ **Yes** → Provide the name of the state(s) and the following Permit Numbers for each state (Type in N/A if your company or you do not possess the requested Permit.):

Air Quality Permit Number: _____

Hazardous Waste Permit Number: _____

Wastewater Discharge Permit Number: _____

Solid Waste Permit Number: _____

Sewage Sludge Use or Disposal Permit Number: _____

☐ **No** → Go to **Item** "**c.**"

c. Do you owe any outstanding fees or final penalties to the Department?

☐ **Yes** → Provide a detailed explanation as **APPENDIX LAC 33:I.1701 – OUT FEES/PENALITY**.

☐ **No** → Go to **Item** "**d.**"

d. Is your company a corporation or limited liability company?

☐ **Yes →** Is the corporation or LLC registered with the Secretary of State?

☐ **Yes →** 1. Provide a copy of the registration as **APPENDIX LAC 33: I.1701 – REGISTRATION**.

2. **Go To the CERTIFICATION AND SIGNATURE Section to complete the application process.**

☐ **No → Go To the CERTIFICATION AND SIGNATURE Section to complete the application process.**

☐ **No → Go To the CERTIFICATION AND SIGNATURE Section to complete the application process.**

END "LAC_33_I_1701_REQUIREMENTS" SECTION

Print out this sheet, read the "Certification Statement", fill out the sheet as indicated, sign and date and attach to the completed application form.

Certification → Sign the certification statement that follows:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title: _____

Signature _____

Telephone number: _____

Date signed: _____

If the application was completed by a person other than the applicant or a consultant "officially" representing the applicant, complete the following:

Name and Official Title: _____

Name of Firm/Organization/Business: _____

Signature _____

Telephone number of the Person who filled out the application:

_____

Date signed: _____

Professional License Number or "Official" Seal: _____

or **Affix "Official" Seal Here →**

END "**CERTIFICATION AND SIGNATURE**" SECTION

END OF **PERMIT APPLICATION**